

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90986 017 ***150.00

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DOCUMENT # P01000033503

1. Entity Name
OVIEDO ALLSTARS, INC.



Principal Place of Business
**110 STATION STREET
OVIEDO FL 32765**

Mailing Address
**110 STATION STREET
OVIEDO FL 32765**

2. Principal Place of Business
2462 W. SR 426

3. Mailing Address
P.O. Box 557

Suite, Apt. #, etc.
ST. 1040

Suite, Apt. #, etc.

City & State
Oviedo, FL

City & State
Geneva, FL

Zip
32765

Country
US

Zip
32732

Country
US



☐ CHECK HERE IF MAKING CHANGES

30-0075255

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOYLE, DEBBIE
1012 MAYFAIR STREET
EUSTIS FL 32726**

Name
Debbie Doyle

Street Address (P.O. Box Number is Not Acceptable)

256 CR 534

City
Bushnell

FL

Zip Code
33513

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DANIELS, JENNIFER**
STREET ADDRESS **1660 BANDIT WAY**
CITY-ST-ZIP **GENEVA FL 32732**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DOYLE, DEBBIE**
STREET ADDRESS **1012 MAYFAIR STREET**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DO NOT SIGN HERE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

Date

407-365-1858

Daytime Phone #

CR2E034 (10/02)